

gross organic disease; the latter are often so caused, syphilitic gross disease in particular. Sometimes, however, in cerebral tumor there are attacks difficult to distinguish from the epileptic vertigo of epilepsy proper.

Of course, the gross organic disease only "causes" the seizures in the sense that it leads to high instability of cells in its neighborhood; it acts like a foreign body. The probability is that it leads to the hyper-physiological condition of instability (see *d*), by producing a sub-inflammatory change, and thus increased nutrition (see *e*). This difference as to morbid anatomy in the two seizures, can only mean, of course, either that gross organic disease most often occurs in some particular places, or that in some particular places it more easily leads to instability of nerve cells.

Several of the foregoing are, to a great extent, but detached statements from different stand-points of what Bright and Wilks long ago asserted, viz., that epileptic or epileptiform attacks, without loss of consciousness, point to gross organic disease, such as tumor of the brain.

As implied, however (*a* and *c*), the essential difference betwixt the two kinds of seizures is chiefly as to the degree of evolution of the centre, part of which has become unstable.

This leads me on to say that several of the above statements (*a*, *c*, *d*) as to difference in the two seizures, are implied in the following highly interesting generalization by Herpin: "*En résumé: plus le début est long moins la crise est violente; plus, il est instantané, plus, l'accès est intense.*"

ACUTE LUNG DISORDERS FOLLOWING HEMIPLEGIA.—The following abstract by Erlenmeyer of a memoir by Rosenbach, of Breslau (*Berliner klin. Wochenschrift*, 1878, No. 41), is taken from the *Centralblatt f. Nervenheilkunde*, 1878, No. 12:

"The author deems himself justified, on the basis of a relatively large series of observations—eleven cases—in concluding that acute lung affections, occurring just after unilateral paralysis from cerebral hemorrhage, *always occupy the paralyzed side*. He alludes to the well-known experiments of Brown-Séquard and Schiff, in which, after certain definite injuries to the brain, hyperæmia and hemorrhages of the lung of the opposite side were observed; and he furthermore mentions briefly—too briefly, indeed—the confirmatory fact that in many cases of hemiplegia the respiratory muscles of the paralyzed side are either weakened or altogether involved, and put out of action (Hasse, for example, in his text-book, II Ed., page 426, speaks of cases in which the respiratory movements of the paralyzed side are carried on altogether and alone by the diaphragm. The memoir of Berger on the paralysis of the long thoracic nerve, may be quoted here; he found paralysis of the levator anguli scapuli and trapezius on the paralyzed side of a hemiplegic patient *Ref.*) and seeks the explanation of the phenomenon in question in a *diminished reflex irritability* of the air-passages of the paralyzed side, which he considers analogous to the unilateral reflex inhibition of the external auditory passage, the nasal mucous membranes, the cornea, the cremaster, the abdominal superficies, and the musculature of the nipple. The supposition of such a reflex inhibition in the air passages is certainly allowable, and draws considerable support from the mechanism

of the so-called *Verschluckungspneumonia*. Whether this condition is alone sufficient for the explanation of the processes in question, and whether the other causes deserve so summary a dismissal, seem to me still open questions. If once we allow the conclusion from analogy that diminished reflex of the air passages may cause paralyses of the bronchial and vascular muscular apparatus, and consequently venous hyperæmia and retarded circulation on the paralyzed side, then, and this applies especially to old cases, we cannot leave entirely out of consideration the facts of pathology which teach us that a destructive and function-inhibiting influence of a diseased cerebral hemisphere acts upon the lung of the opposite side. Nevertheless, the memoir of Rosenbach is a very meritorious one."

In addition to the above criticism of Erlenmeyer, we would add for ourselves that, apart from *a priori* considerations, which he does not seem to take much into account, eleven cases furnish but a very narrow basis for a generalization, such as that in which the author indulges. Moreover, there are in medical literature some contradictory statements, such as that of Hughlings Jackson, that certain pulmonary congestions and hemorrhages, occurring with cerebral hemorrhage, occur, with rare exceptions, in both lungs; and if one lung is more affected than the other, it is generally the right. (*Reynolds' System of Med.*, II., p. 526.) Though this assertion may be incorrect, yet considering the high authority of Dr. Jackson, a positive statement that the lung disorder *always* occurs on the paralyzed side, based on only eleven observations, appears like a rather incautious generalization.

There are other points in regard to which Rosenbach's views appear to us open to criticism, but as we have not at hand his original paper, we pass them by. His memoir is certainly not conclusive as to anything.

THE following are the titles of additional papers on the Pathology of the Nervous System and Mind, and Pathological Anatomy:

MESSEMER, A Contribution to the Diagnosis of Neoplasms of the Pons Varolii and the Medulla Oblongata, *Physician and Pharmacist*, Jan., 1879.
 —MYERS, The Influence of the Nervous System on the Health of the Mouth, *Lancet and Clinic*, Dec. 21.—MCALDOWIE, On Spinal Epilepsy, *Brit. Med. Jour.*, Dec. 21.—WILKS, Remarks on Hemianæsthesia and its Cure, *Ibid*, Jan. 18.—BEARD, Nervous Diseases connected with the Male Genital Function, *N. Y. Med. Rec.*, Jan. 25.—HAMILTON, The Hysterical Simulation of Organic Nervous Diseases, *St. Louis Med. Journal*, Jan.—GUITERAS, Two Cases of Anæsthesia, with some Metalloscopic Experiments, *Phil. Med. Times*, Feb. 15.—CADDY, The Identities of Cerebro-Spinal Meningitis, Dengue and Yellow Fever, *London Lancet* (Am. Repr.), Feb.—BEACH, The Diagnosis and Treatment of Idiocy, with Remarks on Prognosis, *Ibid*.—BEARD, The Nature and Diagnosis of Neurasthenia (Nervous Exhaustion), *N. Y. Med. Journal*, March, 1879.—MILLS, Notes on the Localization of Diseases of the Brain, *Phil. Med. Times*, March 1.—CHARCOT, The Diagnosis of the Imperfect Forms of Multiple Sclerosis, *Progrès Med.*, Feb. 8.—SNELL, Oligoria (Defective Sensibility in the Insane), *Allg. Zeitschr. f. Psychiatrie*, LIII., VI.—WITKOWSKI, Remarks on the Chorea of the Middle Ages, and on Psychic Infection, *Ibid*.